

Registration Form

Please **PRINT** all information. Make photocopies if additional forms are needed. Incomplete forms will not be processed.

Participant(s) Information

LAST Name only:

Address:

City:

State:

Zip:

Day Phone: ()

Home Phone: ()

Emergency Contact:

Relation:

Phone: ()

Does the participant(s) require any special accommodations to participate in these activities? YES ☐ NO ☐
If yes, a Recreation Services staff person will contact you.

Yes, I would like to receive information on upcoming Recreation Programs via E-mail: ☐ Youth ☐ Adult ☐ Senior
E-mail Address: _____ ☐ Cultural/Special Events ☐ Sports

Please Note: If you include alternate class choices, staff will automatically register you for one of those classes if your preferred class choice is full. You will be notified of any differences in fees.

Participant's Name First and Last Names	Birthdate All Participants	Sex	Activity Code Numbers			Program Fee
			Class Choice	Alternate	Alternate	
Example: DAVID LEISURE	12/21/95	M	1105.301	1105.303	3710.301	\$45.00
It's Easy! Use Your Credit Card! (Minimum Charge: \$5.00)			Payment Information			
I authorize the use of my: MasterCard Visa Discover			Sub-total of Fees:		\$	
Name as it appears on card:			Applicable Credit/Discount:		\$	
Card #:			Total Fees Enclosed:		\$	
Expiration Date: Month Year			Please send separate checks for each first choice class payable to "City of Milpitas" to: Class Registration, 457 E. Calaveras Blvd., Milpitas, CA 95035			
Signature:		Date:				

I, _____ declare that I am the parent/legal guardian of _____.

I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. I also agree, as a participant of any paid or free event, class, activity, or program, to grant full permission to the City of Milpitas to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. I understand that the office must be notified of a refund request 10 days prior to the first class. I understand that transfer requests may be made no less than 7 days before a class begins. A \$5 service charge will be withheld from each class for all refund/transfer requests. If for any reason you are not satisfied with a class, a pro-rated (minus classes attended) credit will be issued providing the Milpitas Community Center office is notified before the third class meeting. Credits can not be issued after the third class meeting.

Signature: _____ Date: _____

Print Name: _____ ☐ Participant ☐ Parent ☐ Legal Guardian

OFFICE USE ONLY Date Rec'd		# of Checks	Credit \$	Returned Check(s)
Staff	Reg. #	Resident	Non-Resident	Rct.#